PTO/SB/17 (07-06) Approved for use through 01/31/2007. OMB 065/1-0032 U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE 1000 Upder the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Complete If Known oursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). Application Number 10/688,668 **FEE TRANSMITTAL** October 17, 2003 Filing Date for FY 2005 Gregg L. Sheddy First Named Inventor Applicant claims small entity status. See 37 CFR 1.27 **Examiner Name** Blake, Carolyn T. Art Unit 3724 TOTAL AMOUNT OF PAYMENT (\$) 1,240.00 Attorney Docket No. P-US-TN-3305 METHOD OF PAYMENT (check all that apply) ☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) : Deposit Account Name: Black & Decker Inc. Deposit Account Deposit Account Number: 02-2548 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below Credit any overpayments Charge any additional fee(s) or underpayments of fee(s) Under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **EXAMINATION FEES** SEARCH FEES **FILING FEES Small Entity Small Entity** Small Entity Fee(\$) Fee(\$) Fee(\$) Fees Paid (\$) Fee(\$) **Application Type** Fee (\$) Fee(\$) 200 100 500 250 300 150 Utility 65 130 Design 200 100 100 50 200 100 300 150 160 80 Plant 600 300 500 250 300 150 Reissue 0 0 Provisional 200 100 **Small Entity** 2. EXCESS CLAIM FEES Fee (\$) **Fee Description** Fee (\$) 25 50 Each claim over 20 (including Reissues) 200 100

Each independent claim over 3 (including Reissues) 360 180 Multiple dependent claims Multiple Dependent Claims **Total Claims Extra Claims** Fee(\$) Fee Paid (\$) -20 or HP= Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee(\$) Fee Paid (\$) - 3 or HP= HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer

listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50

sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

/ 50 =

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): RCE & extension of time fee

Extra Sheets

- 100 =

Total Sheets

4. OTHER FEE(S)

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SUBMITTED BY					
Signature	MAS BY	Registration No. (Attorney/Agent)	46,899	Telephone	(410) 716-2706
Name (Print/Type)	Scott B. Markow			Date	November 15, 2006

Number of each additional 50 or fraction thereof

(round up to a whole number) x

Fee Paid (\$)

Fees Paid (\$)

1,240.00

Fee (\$)

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/21 (07-06)

10/688,668

October 17, 2003

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Typed or printed name

Delrose S. Lumsden

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Application Number

Filing Date

FORM		First Named Inventor	Gregg L. Sheddy			
		Art Unit	3724			
(to be used for all correspondence afte	er initial filing)	Examiner Name	Blake, Carolyn T.			
Total Number of Pages in This Submi		Attorney Docket Num	nber P-US-TN-3305			
	ENCLO	OSURES (check all that a	ipply)			
Fee Transmittal Form	☐ Drawing(s)	After Allowance Communication to TC			
⊠ Fee Attached	Licensing	-related Papers	Appeal Communication to Board of Appeals and Interferences			
Amendment / Reply	Petition		Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)			
		o Convert to a al Application	Proprietary Information			
Affidavits/declaration(s)		Attorney, Revocation of Correspondence Addres	Status Letter			
⊠ Extension of Time Request ☐ Terminal		Disclaimer	Other Enclosure(s) (please identify below):			
Express Abandonment Request		for Refund				
Information Disclosure Statemen		Landscape Table on CD				
Certified Copy of Priority Document(s)	Remarks					
Reply to Missing Parts/ Incomplete Application						
Reply to Missing Parts under 37 CFR1.52 or 1.53						
Sid	GNATURE OF	APPLICANT, ATTORN	EY, OR AGENT			
Firm Black 8		r Inc.				
Signature	Mrs	(Mars)				
Printed Name	Scott B. Marko	Scott B. Markow				
Date	November 15,	November 15, 2006 Reg. No. 46,899				
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I hereby certify that this correspond Service with sufficient postage as Alexandria, VA 22313-1450 on the d	first class mail	in an envelope addresse	USPTO or deposited with the United States Postal ed to: Commissioner for Patents, P.O. Box 1450,			
Signature	hose S.	Lunsden				
Typed or printed name Delrose	S. Lumsden		Date November 15, 2006			

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Date